## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

| (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           |                                       |                                   |              |                  |            | SMALL ENTITY TYPE |                        | ΩR    | OR SMALL ENTITY     |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------|-----------------------------------|--------------|------------------|------------|-------------------|------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           | 10                                    |                                   | 100.0        | 111127           |            | RATE              | FEE                    | ]     | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           | NUMBER FILED                          |                                   | NUMB         | ER EXTRA         |            | BASIC FEE         |                        |       | BASIC FEE           | 770.00                 |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                                       |                                   | <i>d</i>     |                  |            | -                 |                        | IOH   |                     | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                           | 10 minus 20=                          |                                   | * 0          |                  |            | X\$ 9=            |                        | OR    | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                           | 9 minus 3 =                           |                                   | /            |                  |            | X43=              |                        | OR    | X86=                | 8k                     |
| ML                                                                                                                                                                                                                                                                                                                                                                                                          | ILTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT                                |                                   | ····-        |                  |            | +145=             |                        | OR    | +290=               |                        |
| * If                                                                                                                                                                                                                                                                                                                                                                                                        | the difference                                 | e in column 1 is                          | less than zero, enter "0" in column 2 |                                   |              | •                | TOTAL      |                   | OR                     | TOTAL | 856                 |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           |                                       |                                   |              |                  |            | OTHER THAN        |                        |       |                     |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                              | (Column 1)                                | (Colum                                |                                   |              | (Column 3)       |            | SMALL             | -                      | OR    | SMALL               |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUME<br>PREVIC<br>PAID I          | BER<br>JUSLY | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | *                                         | Minus                                 | **                                |              | =                |            | X\$ 9=            |                        | OR    | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | *                                         | Minus                                 | ***                               | -            | =                |            | X43=              |                        | OR    | X86=                |                        |
| ٩                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                                   |              |                  |            |                   |                        | 1     | +290=               |                        |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           |                                       |                                   |              |                  |            | +145=<br>TOTAL    |                        | OR    | TOTAL               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                                       |                                   |              |                  |            | ADDIT. FEE        |                        | OR    | ADDIT. FEE          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | i                                              | 1 -                                       |                                       |                                   | 1 1          |                  | 4551       |                   |                        |       |                     |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>JUSLY | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | *                                         | Minus                                 | **                                |              | = .              |            | X\$ 9=            |                        | OR    | X\$18=              |                        |
| ME                                                                                                                                                                                                                                                                                                                                                                                                          | Independent                                    | *                                         | Minus                                 | *** ,                             |              | =                |            | X43=              |                        | OR    | X86=                | ·                      |
|                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEF                           | ENDENT                            | CLAIM        |                  | 1 <b> </b> | 1.15              |                        |       |                     |                        |
| +145=<br>TOTAL                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                           |                                       |                                   |              |                  |            |                   |                        | OR    | +290=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                                       |                                   |              |                  |            | DDIT. FEE         | •                      | OR    | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                                       |                                   |              |                  |            |                   |                        |       |                     |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUME<br>PREVIO<br>PAID F          | BER<br>USLY  | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN                                                                                                                                                                                                                                                                                                                                                                                                         | Total                                          | *                                         | Minus                                 | **                                |              | =                |            | X\$ 9=            |                        | OR    | X\$18=              | ٠                      |
| ME                                                                                                                                                                                                                                                                                                                                                                                                          | Independent                                    | *                                         | Minus                                 | ***                               |              | =                | lt         | X43=              |                        | O'D   | X86=                |                        |
| ٧                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                                   |              |                  |            |                   |                        | OR    |                     |                        |
| A 16 the control is actioned to leave the control in solution 0 with 100 is action 0                                                                                                                                                                                                                                                                                                                        |                                                |                                           |                                       |                                   |              |                  |            |                   |                        | OR    | +290=               |                        |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                                       |                                   |              |                  |            |                   |                        |       |                     |                        |